

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033255

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 199

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) Moberly		c. CITY OR TOWN Moberly	
Length of stay in 1b 37 Years		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION Community Hosp		d. STREET ADDRESS (If outside, give location) 825 E. Logan	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Stanley Middle Otto Last Miller		4. DATE OF DEATH Month 8 Day 28 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/1/1915
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Rail Road	
11. BIRTHPLACE (City and state or country) Middle Grove		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Frank Miller		13b. MOTHER'S MAIDEN NAME Lana Weber	
14. NAME OF HUSBAND OR WIFE Single		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 2	
16. SOCIAL SECURITY NO. [Redacted]		17. INFORMANT Address Eda Schubert, Moberly, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asfciation Edeoma of throat DUE TO (b) Adenomia Carsionmia Throat DUE TO (c) 6 Month		INTERVAL BETWEEN ONSET AND DEATH 5 Min Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:34 a.m. A Month Aug. Day 27 Year 1963		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Aug. 28, 1963	
20e. CITY, TOWN, OR LOCATION Moberly, Mo.		20f. COUNTY Mo	
20g. STATE Mo		20h. DATE SIGNED Mo 8-29-63	
21. I attended the deceased from Aug. 27, 1963 to Aug. 28, 1963 and last saw him alive on Aug. 28, 1963 Death occurred at 2:34 A on the date stated above, and to the best of my knowledge from the causes stated.		22. SIGNATURE (Degree or title) Benj. A. Jolly M.D.	
22b. ADDRESS 203 1/2 N. Clark St., Moberly, Mo		22c. DATE SIGNED Mo 8-29-63	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		23a. DATE 8/30/63	
23b. NAME OF CEMETERY OR CREMATORY Oakland		23c. LOCATION (City, town, or county) (State) Moberly, Mo.	
24. FUNERAL DIRECTOR Million & Greer		25. DATE RECD. BY LOCAL REG. Aug. 30-1963	
26. REGISTRAR'S SIGNATURE Walter White		26. REGISTRAR'S SIGNATURE Walter White	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

for by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John A. Greer

Licensed Embalmer No. 3815

P. O. Address Moberly, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit issued 8-30-63
JAG*